



R.M. of Edenwold No. 158

Email: info@edenwold-sk.ca

Phone: (306) 771-2522

Fax: (306) 347-2970

Building Permit Application

Civic Address:	Subdivision:	Permit Number:
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Legal Land Description: Lot _____ Block _____ Plan _____

Quarter _____ Section _____ Township _____ Range _____ W2M

Owner: Address: _____ City/Town _____ Postal Code _____	Telephone: Cell: _____
Building Contractor: Address: _____ City/Town _____ Postal Code _____	Telephone: Cell: _____

Floor Area:

Ground Floor: ft ² or m ² (circle one)	Second Floor: ft ² or m ² (circle one)	Basement: ft ² or m ² (circle one)	Accessory/Other: ft ² or m ² (circle one)
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Building:

Estimated Value of Construction:	Length: ft or m (circle one)	Width: ft or m (circle one)	Height: ft or m (circle one)
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Read Through and Initial After Each Statement:

I have submitted a site plan indicating the location of all property lines, all existing and proposed buildings, the distances between all property lines and the closest wall of the nearest building, the location of all existing and proposed roads and a north arrow to establish the orientation of the site plan. _____

I hereby agree to comply with the Building Bylaw of the municipality and acknowledge that is my responsibility to ensure compliance with the municipal building bylaw, provincial legislation, and the National Building Code of Canada, regardless of any review of drawings or inspections that may or may not be carried out by the inspector. _____

It is expressly understood that the municipality requires building inspections to be called for at various stages of construction, as outlined in the building bylaw, and that it is my responsibility to contact the municipal building inspector at the required intervals of construction will result in deductions from the occupancy deposit, in part or in whole, additional inspection fees, the issuance of stop work order, and/ or other action outlined in the municipal building bylaw. _____

I understand that this permit expires six months from the date of issue if work is not commenced within that period, or two years from the date on which the permit was issued; and any deviation, omission or revision to the approved application requires approval of Council, or its authorized representatives. _____

I understand that additional inspection fees may be charged for extra inspections, non-scheduled inspections and re-inspections. _____

Date of Application

Owner of Authorized Agent (print)

Owner/Agent (sign)



Third Party Costs Acceptance Form

I, _____ of _____
(please print name) (city, province)

do hereby authorize the Rural Municipality of Edenwold No. 158 to invoice third party costs to me in accordance with the Planning Fees Services Bylaw, which states that the Applicant shall be solely responsible for all of the costs associated with:

1. Fulfilling public notification requirements, including the cost of advertising and notifying stakeholders;
2. Engagement of required planning, engineering, legal, or other professional expertise necessary to review an application and/or implement Council's decision, including the cost of preparing agreements;
3. The cost per parcel to view land titles and plans of subdivision of the property proposed for development, amendment, or subdivision; and
4. Registration of an interest on the title of the property proposed for development, amendment, or subdivision as prescribed by the Information Services Corporation (Land Titles).

The information on this form is being collected under the authority of Section 27(a) of the *Local Authority Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of invoicing costs to the Applicant regarding their application.

Applicant Signature

Date

Development Permit Application



100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6 • PH: 306-347-2965 • FAX: 306-347-2970

DP #	BP #	
1. To be filled out by the Applicant (Owner):		
Name:	Month Day Year	
Street Address:	City/Town Postal Code:	
Email:	Phone: - Cell: -	
2. Contractor (if applicable):		
Name:	Company Name:	
Street Address:	City/Town Postal Code:	
Email:	Phone: - Cell: -	
3. Legal Land Location for proposed development:		
Civic Address:	Lot: Block: Plan: Ext:	
Subdivision:	Quarter: Section: Township: Range: W2M	
Registered Plan #:	Certificate of Title #:	
4. Existing Use of Land:		
Agriculture <input type="checkbox"/>	Residential <input type="checkbox"/>	Other (Please describe)
Country Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	
Commercial <input type="checkbox"/>		
Provide a detailed description of proposed use of land and/or buildings:		

* Please note a proposed change in use may require a Building Permit Application for occupancy review.

Development Permit Application



100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6

• PH: 306-347-2965 •

FAX: 306-347-2970

5. Site Servicing: Parcel access provided by:			
Grid Road	Highway	Main Farm Access	Other
Water Supply provided by:	Municipal Waterline	Private Well	Other
Sewage Disposal provided by:	Existing (please specify type of system)		Proposed (please specify type of system)
Drainage provided by:	Existing (please specify)		Proposed (please specify)
6. Surrounding land uses:			
Are any of the following within 0.5 km of the proposed development?		If yes, please provide best estimate of distance	
Intensive livestock operation	Yes/No		
Sewage lagoon or wastewater treatment facility	Yes/No		
Solid waste disposal facility or landfill	Yes/No		
Stream or large body of water	Yes/No		
Anhydrous ammonia facility	Yes/No		
Industrial	Yes/No		
7. Declaration by Applicant			
I/We _____ hereby certify that I/we am/are the registered owner(s) of the lands and that the information given on this form and the site plan is full and complete and is, the best of my/our knowledge, a true statement of the facts relating to this application for development.			
Date	Signature		
Date	Signature		
I/We, _____ hereby certify that I/we am/are the agent authorized to act on behalf of the registered owner(s) and hereby swear that all statements contained within this application are true, and I/we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.			
Date	Signature		
Date	Signature		
Receipt #			



Letter of Authorization

100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6

PH: 306-771-2522

FAX: 306-347-2970

I, (We) _____ being the owner(s) of

Lot _____ Block _____ Plan _____ Ext _____

Legal:

NW/NE/SE/SW Section _____ Township _____ Range _____ W2 Meridian give

_____ permission to

act on by (our) behalf in applying for a Development Permit for the above subject property.

Signature

Date

Development Permit #



Residential Permit Information Form (PIF)

Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112
office@pro-inspections.ca

Municipal Office Use Only

Municipality: _____ Date: _____
Development Approved: Yes No PBI Number: _____
Geotech Required: Yes No Permit Expiry Date: _____
Municipal Official: _____ Signature: _____

Information Below To Be Completed By The Applicant

Contact & Email Consent

Building Owner:	Home Phone:
Mailing Address:	Cell Phone:
Email Address Owner:	
Contractor:	Business:
Contact Person:	Cell Phone:
Email Address Contractor:	
Signature:	Date:

* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.
* By signing above, I consent to email delivery to all named above of PBI reports and related documents pertaining to this building permit.
* Please note that failure to receive an emailed report or related documents does not release the property owner (s) from their responsibility to comply in all regards with the building standards (Saskatchewan Construction Code Act, Municipal Building Bylaws, and National Building Code of Canada).
* Note that owners should always include themselves on this form.

Jobsite Location

Civic Address:			
Legal Land Location:	Lot(s)	Block	Plan No
or:	Quarter Section	Township	Range
Description:			
Subdivision / Landmark:			

Project Details

1) Value of Construction (Total cost to owner for the work in its completed form. Includes cost of design, all building work, materials of construction, building systems, labour, overhead, and profit of the contractor and subcontractors)			
Value of Construction: _____			
* Please fill in Sections 2a) plus 2b), or just Section 3)			
2a) New Family Dwelling (Select One Permit Type That Best Describes the Dwelling)			
<input type="checkbox"/> New Home <input type="checkbox"/> RTM <input type="checkbox"/> Post-Move <input type="checkbox"/> Modular Home <input type="checkbox"/> Duplex Unit (Requires two Applications)			
2b) Select Below ALL that Pertain to this Permit AND are included with the plans submitted to PBI for Review:			
<input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Attached Garage (Insulated) <input type="checkbox"/> Attached Garage (Not Insulated)			
3) Residential Building Project (Separate Permit is Required for Each Project Type)			
Year the Existing Building was Constructed: _____			
<input type="checkbox"/> Addition <input type="checkbox"/> Attached Garage <input type="checkbox"/> Deck <input type="checkbox"/> Basement Development			
<input type="checkbox"/> Renovation <input type="checkbox"/> Roof Extension <input type="checkbox"/> Sunroom <input type="checkbox"/> Secondary Suite			
<input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Accessory Building w/Living <input type="checkbox"/> Pole Building			
<input type="checkbox"/> Boat House <input type="checkbox"/> New Foundation <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Demolition			



Residential Plan Review Checklist

Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112
office@pro-inspections.ca

Project Information

Municipality:	PBI Number:
Job Site Address:	Project Type:
Owner's Name:	Cell Phone:

Residential Project Type

REQUIRED for a Plan Review	New Dwelling / Housing Unit	RTM / Modular / Post-Move	Mobile (Manufactured) Home	Addition / Living Space / Sec. Suite	Renovation (structural or exterior)	Basement Development	Deck (not covered or enclosed)	* Attached Garage (unheated)	* Det Garage / Acc. Bldg. (unheated)	* Pole Building (unheated)	Retaining Wall (if collapse affects a structure)	Foundation Replacement	Solar Panels (PV or Hot Water)	Storage only - no living space & unheated
Provide designs and required documents in PDF format as indicated by the unshaded boxes for the project (shaded box means not required).														
A plan review must be completed by PBI <u>before</u> a building permit is issued.														
E-mail plans and documents in PDF format to the <u>municipal office</u> .														
<i>Requirements may vary for unique or larger projects. Please consult with PBI.</i>														
Site Plan (e.g. lot size & shape; indicate North; project size on lot, distance to all property lines, indicate what borders each property line, label streets, etc.)														
Building Plans (e.g. floor plans, exterior elevations, cross sections, structural details, window & door types, sizes & locations, stair configurations, material lists, specs, etc.)														
Energy Code Forms (applicable to compliance option, code edition & climate zone)														
Building Designs stamped by an engineer (project specific for <u>intended use</u> *)														
Foundation Designs stamped by a structural engineer (site specific)														
Geotechnical Report (if required by zoning bylaws or engineer recommendation)														
PBI Specifications sheet (plus all information requested in the sheets)														

Information Below is Required BEFORE THE FRAMING INSPECTION

Engineer-stamped roof truss designs & layouts (NBC compliant)														
Engineer-stamped floor truss and/or LVL designs & layouts														
Fireplace or Wood Stove Manufacturer Specifications														
Residential Mechanical Ventilation Design Summary														

* **Pole Building** (Please detail intended use. Note if vehicles will be repaired in the building, if building is for personal or business use, etc.)

Signature:	Date:
<p>* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.</p> <p>* Please note that failure to receive an emailed report or related documents does not release the property owner (s) from their responsibility to comply in all regards with the building standards (Saskatchewan Construction Code Act, Municipal Building Bylaws, and National Building Code of Canada).</p>	

(Includes Detached Garage & Boat House)

* NOTE: Pole Building requires engineer-stamped designs for the building and its structural members (NBC A-9.23.1.1.)

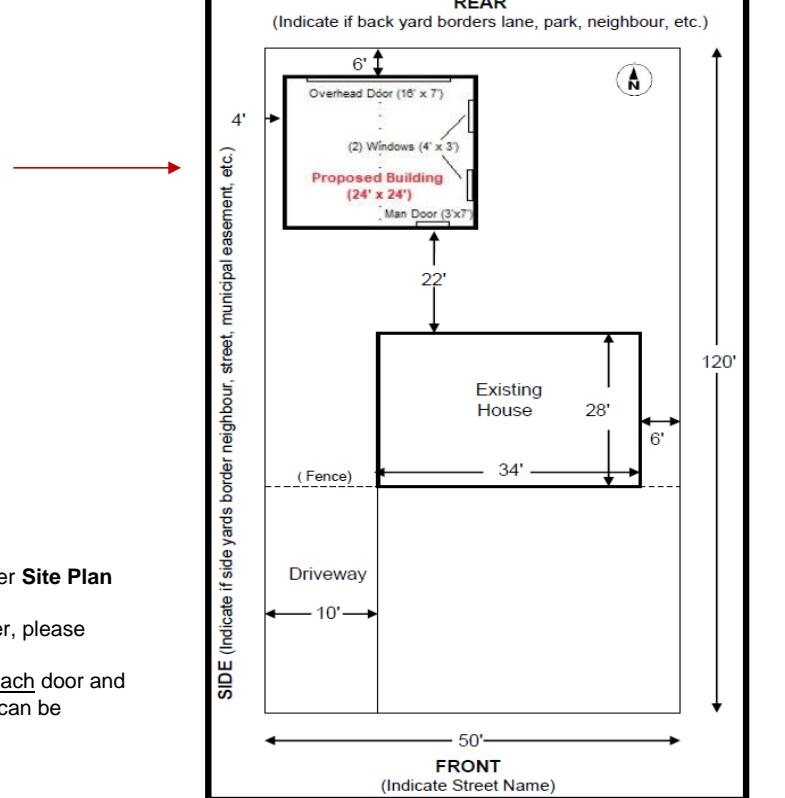
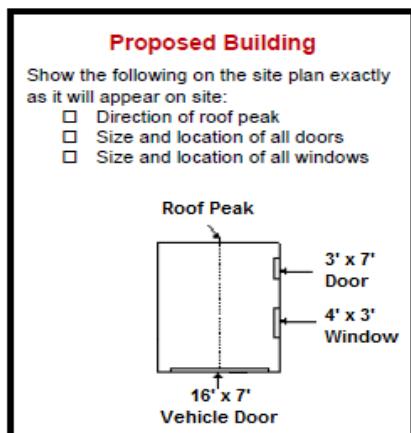
Project Information

Municipality:	PBI Number:
Job Site Address:	Project Type:
Building Owner:	Cell Phone:

1) Provide a SITE PLAN sketch on a separate sheet and note the following:

- Draw the property (lot) shape (rectangular, pie-shape, etc.)
- Indicate **North** direction.
- Note the **lot dimensions** (indicate ft or m): Front/Rear (width) / Side Yard (length)
- Indicate the **type of building** (e.g. detached garage, accessory building, boat house, etc.)
- Label the **street or road name** in the front yard (primary access).
- Note **what borders the property** on each side (lane, neighbour, street, park, lake, etc.)
- Draw the **existing house** on the lot (to scale.)
- Draw the **proposed building** on the lot (to scale). Show **stair detail**, if applicable.
- Note the building **dimensions** (indicate ft or m) - **Width** (rear facing) / **Length** (side facing)
- Note the **distance to the property lines** on all sides of the proposed building (indicate ft or m).
- Draw any **other buildings** on the same property (e.g. shed, etc.) and note their dimensions.
- Note the closest **distance** of the proposed building **to the house and other buildings** on the same property.
- Show the **location** of easements (state the width), retaining walls, lanes, driveways, etc.
- Show **direction of the roof peak** (using dotted line) for the proposed building ON THE SITE PLAN.
- Show **location and sizes of all doors and windows** for the proposed building ON THE SITE PLAN.

Site Plan Example



*** Important:

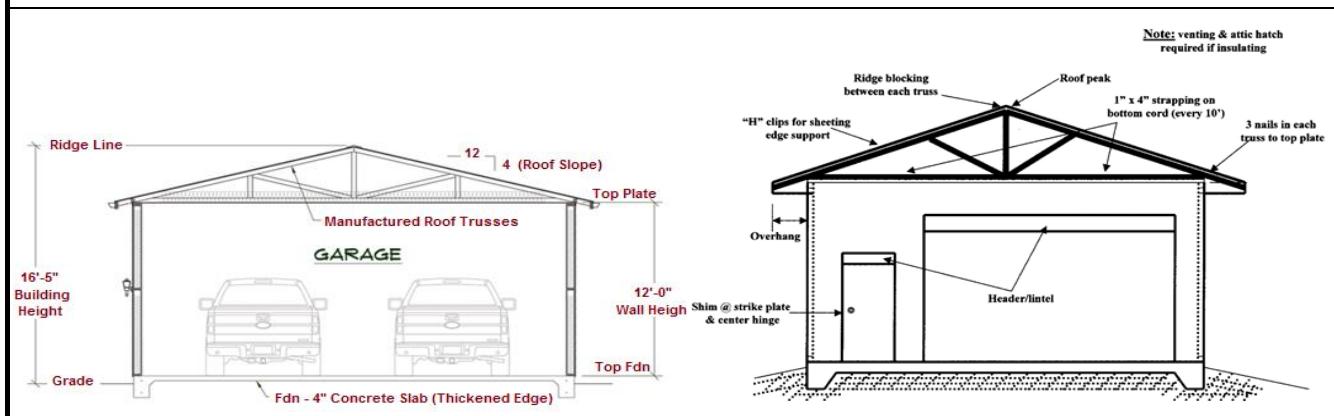
- A plan review cannot be completed without a proper **Site Plan** submitted.
- If you have **Garage Package plans** from a supplier, please include a copy with your application.
- Note the **header/lintel size and no. of plies** for each door and window in the proposed building. This information can be recorded on the site plan.

Contact PBI at (306) 536-1799 if you have any questions.

2) Complete ALL information below regarding the proposed building:

Building Dimensions (indicate feet or metres)			Wall Height: (Tall wall Eng design if exceeds NBC Table 9.23.10.1) Foundation to Top Plate (note ft or m): _____		
<input type="checkbox"/> Width (front/rear facing): _____ <input type="checkbox"/> Length (side lot facing): _____ <input type="checkbox"/> Height (grade to ridge/roof peak): _____ <input type="checkbox"/> Size (in ft ²): _____			Wall Stud Size <input type="checkbox"/> 2" x 4" <input type="checkbox"/> @ 16" o.c. <input type="checkbox"/> 2" x 6" <input type="checkbox"/> @ 24" o.c. <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Engineered Roof Trusses by: (name of truss company)			Wall Sheathing Thickness & Cladding Type:		
<input type="checkbox"/> Name of truss company: _____ <input type="checkbox"/> Rafters (supply design if not using roof trusses)			<input type="checkbox"/> 3/8" <input type="checkbox"/> 7/16" <input type="checkbox"/> _____ <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Stucco <input type="checkbox"/> _____		
Roof Truss or Rafter Spacing:			Wall Anchor Size & Spacing:		
<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c. <input type="checkbox"/> Other: _____			<input type="checkbox"/> 1/2" bolts <input type="checkbox"/> @ 8' o.c. (maximum allowed) <input type="checkbox"/> _____ <input type="checkbox"/> _____ (if differs from above)		
Roof Slope (Pitch): (e.g. 4/12)			Overhead Doors: (Note size for each) (W" x H")		
<input type="checkbox"/> Pitch: _____			1 _____ 2 _____ 3 _____		
Roof Sheathing Type & Thickness:			Header Size: No. of Plies: (for Overhead Door(s))		
<input type="checkbox"/> OSB <input type="checkbox"/> Plywood <input type="checkbox"/> Other: _____ <input type="checkbox"/> 3/8" <input type="checkbox"/> 7/16" <input type="checkbox"/> Other: _____			<input type="checkbox"/> 2" x 10" <input type="checkbox"/> 2 ply <input type="checkbox"/> LVL (eng-stamp) <input type="checkbox"/> 2" x 12" <input type="checkbox"/> 3 ply <input type="checkbox"/> _____		
Roofing Material / Shingles:			Windows: (Note size for each) (W" x H")		
<input type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____			1 _____ 2 _____ 3 _____ Note window header size and # of plies: _____		
Roof Overhang Width:			Will the building be insulated? (If yes, note type)		
<input type="checkbox"/> 12" <input type="checkbox"/> 24" <input type="checkbox"/> Other: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spray Foam <input type="checkbox"/> Batt <input type="checkbox"/> Foam Board <input type="checkbox"/> _____		
Foundation:			Heating Source? (If yes, note type)		
<input type="checkbox"/> Piles & Grade Beam (Engineer-stamped foundation designs are required) <input type="checkbox"/> Concrete Slab Floor (Dimensions): _____ (W x L) <input type="checkbox"/> Concrete Slab Thickness (Edge): _____ (inches) <input type="checkbox"/> Concrete Slab Thickness (Interior): _____ (inches)			<input type="checkbox"/> None <input type="checkbox"/> Gas Furnace <input type="checkbox"/> In-Floor Heat <input type="checkbox"/> _____		
<small>(NOTE: Thickened edge concrete slab is required if floor area is $\geq 55 \text{ m}^2$ (592 ft²).</small> <small>Engineer-stamped foundation designs are required for bldgs > 1,200 ft² or 1 storey.</small> <input type="checkbox"/> Other Foundation Type: _____					
<small>(NOTE: If municipality requires a geotechnical report, consult your Building Official on foundation requirements)</small>					
Number of Storeys:			Will there be sleeping rooms in the building?		
<input type="checkbox"/> One <input type="checkbox"/> Loft <input type="checkbox"/> Two Access to 2nd level: <input type="checkbox"/> Ladder <input type="checkbox"/> Staircase			<input type="checkbox"/> No <input type="checkbox"/> Yes (# of occupants): _____		
			Will there be a bathroom in the building?		
			<input type="checkbox"/> No <input type="checkbox"/> Yes (2 piece) <input type="checkbox"/> Yes (3 piece)		

Terminology



Spray Foam Installer Verification Form

Spray-Applied Foam Insulation / Thermal Barrier

Municipality:			
Owner's Name:		Phone:	
Contractor:		Phone:	
Jobsite Address:	Project Type:		

Safety Notice: Buildings cannot be occupied for 24 hours after the installation of spray-applied rigid polyurethane foam insulation or thermal barrier. General contractor must ensure inspections are scheduled at least 24 hours after installation is completed.

Spray-Applied Foam Insulation

Spray Foam Product Information			
CCMC Listing or Report #:		Colour:	
Manufacturer:	RSI/mm (or R/inch):		
CMCC Approved Use As:	<input type="checkbox"/> Insulation	<input type="checkbox"/> Vapour Barrier	<input type="checkbox"/> Air Barrier
Density and Type:	<input type="checkbox"/> Low (open cell)	<input type="checkbox"/> Medium (closed cell)	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2

Vapour Permeance			
Will the spray foam insulation form a vapour barrier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Minimum thickness to attain a vapour barrier permeance of 60 ng/PA*s*m ²			

Application			
Where will the spray foam insulation be applied?		Thickness (mm)	
When spray foam insulation is applied to the underside of the roof sheathing in an attic, and in similar enclosed spaces, the area is required to be conditioned and vented. Indicate below how this requirement will be met:			

Thermal Barrier			
Foamed plastics must be protected with a thermal barrier such as drywall, an interior finish listed in 2015 NBC Subsections 9.29.4 to 9.29.9, or a material that meets the requirements of Classification B when tested in conformance with CAN/ULC-S 124.			
Thermal Barrier Product to be Used:		Thickness:	

Spray-Applied Thermal Barrier

Spray-Applied Thermal Barrier Product Information (Cementitious or Intumescent Coating)			
CCMC Listing or Report #:		Colour:	
Manufacturer:			
Primer Product:		Thickness (mil WFT):	
*** Primer thickness must not be less than 3 mil wet film thickness (WFT)			

Thermal Barrier Coating Application			
Location of Application?		Thickness (mil WFT)	

Installer Verification:			
Company Name:		Phone:	
Certified Installer:		ID #:	
Email (Installer):		Date:	

I hereby certify that a label will be placed on the electrical panel at the jobsite and that the:

- Spray-applied rigid polyurethane foam insulation will meet the CAN/ULC-S705.1 - Medium Density product standard and will be installed according to the CAN/ULC-S705.2 installation standard.
- Spray-applied thermal barrier will be installed in accordance with the manufacturer's instructions.
- Plans, details and specifications been reviewed and sealed by a professional designer.
- Alternative Solution – Specify: _____
(attach supporting documents)

Installer Name:		Signature:	
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Rev: April 30, 2020